

## CITY OF SAINT PAUL

Department of Safety and Inspections Fire Prevention Division 375 Jackson St. Suite 220

## FIRE SUPPRESSION INSPECTION REQUEST FORM

Revised December 2008

## Complete all areas of this form and fax to: Saint Paul Fire Prevention @ 651-266-8951

\*No fax cover sheet is required when faxing this form.\*

An inspector will contact you within 48 hours of receiving this request to confirm inspection date and time. Once an inspector has been assigned to this project, they will continue with all of the inspections as needed.

| Date Requested:   |
|---|
| Requested By:   |
| Company Name:   |
| Phone Number:   |
| Address of Project:(Include Type: Ave., St., Blvd., and direction N, S, E, W) |
| Name of Project:  |
| Permit Number:  |
| To Be Filled Out By Fire & Safety Services: Inspector Assigned:               |
| Date/Time of Inspection:  |